Department of Land Conservation and Development *Attachment A*
2017-19 Grant Young Memorial Planning Assistance Grant Closeout Report

Grantee	Grant No. Assigned by DLCD	Grant Funds – Already Dispersed	Final Report
City of Elgin	**GY-19-040**	**$1,000.00***	

Funding / Grant Period From:	Funding / Grant Period To:	**Summary of Activities and Products**
10/05/2017	**4/30/2019**	Provide a brief description of activities performed and/or products worked on using funds from this grant in the space provided below. Expenditure detail not needed for this section. In many cases a sentence or two is all that is required but we welcome as much information as you can provide.

Transactions	**Do not write in this space**
DLCD Grant Funding Expenditures	**Provide amounts in spaces below**
1.Salaries and Benefits	
2.Supplies and Services	$1,000.00
3.Agreements (including consultants – provide name and contact information)	
4.Other (provide detailed list and explanation)	
5. **DLCD Total (add lines 1, 2, 3, 4)**	$1,000.00
Local Contributions – not required	**Provide amounts in spaces below**
6 Salaries and Benefits	
7.Supplies and Services	
8.Agreements	
9.Other	
10. **Local Total (if any)**	

11. **Certification:** I certify to the best of my knowledge and belief that this report is correct, complete, and that all expenditure are for the purposes set forth in the award document. I further certify that all records are available upon request, and the financial records will be retained for SIX (6) YEARS after the Final Products and Payment are received.

12. *** If the total grant expenditures are less than the grant funds already dispersed, enter the difference here and send a reimbursement check for that amount to: DLCD, ATTN: Fiscal. $_____**

13. Typed or Printed Name and Title (required)	14. Mailing Address: Include City, State and Zip Code (required)
Brock Eckstein, Administrator	P.O. Box 128, Elgin, OR 97827
15. Authorized Certifying Official Signature (required)	16. Date (required)
Brock Eckstein	**26 October 26, 2017**

PLEASE DO NOT WRITE BELOW THIS LINE

DLCD CERTIFICATION (for DLCD use only)

I certify, as a representative of the Department of Land Conservation and Development, that the grantee:

___ has met the terms and conditions of the grant and that all funds have been expended.

___ has not met the terms and conditions of the grant for the reasons stated on the attached sheet, and reimbursement from the grantee in the amount of $_____ is due.

Signature of DLCD Grant Manager	Date Signed
Signature of DLCD Program Manager	Date Signed

BATCH #/DATE_____ VOUCHER#/DATE_____ PCA_____

OBJ. CODE_____ VENDOR NO._____ AMOUNT_____

Instructions for
Department of Land Conservation and Development
2017-19 Planning Assistance Grant Closeout Report

If you have questions about the Closeout Report or what the grant can be used for, please contact Tabatha Hoge, Grants Administrative Specialist at 503-934-0054 or DLCD.GFGrant@state.or.us.

The closeout report documents the allowable expenditures of previously distributed funds. Unexpended funds must be returned to DLCD.

- In the second row of the closeout report, please fill in the Starting Date ("Funding / Grant Period From") for which the reimbursable expenditures were incurred. This will be the date the city or county signed the grant agreement.

- Under "Transactions," complete items 1–5 for how the grant funds were used (required) and items 6–10 for local contributions (optional). Please do not include expenditures for projects or activities that the grant did not contribute to.

  1. **Salaries and Benefits** include the grantee's staff time, including Other Personnel Expenses. Receipts are not required with this report submission.

  2. **Supplies and Services** include the grantee's supplies used for the planning program and services not covered by an agreement or contract**.** Receipts are not required with this report submission.

  3. **Agreements** include consultants, attorneys, and any company or individual retained by the grantee to conduct work under the grant. This category does not include employees of the grantee, but rather an individual or entity that invoices the grantee for services rendered. Information required for the closeout report is: Name, address, and phone number of the payee. If there are multiple entities, please provide the amount of grant funds allocated for the reimbursement of each individually. If space in the Summary of Activities and Products box is insufficient to identify contractors, please attach an additional sheet.

  4. Please provide a brief explanation and dollar breakdown for amounts listed as **"Other."** Receipts are not required.

  5. The **Total** listed in the "DLCD Grant Expenditures" section cannot exceed the total amount of the previously dispersed funds. If the total is less than the dispersed amount, the difference between the amount previously dispersed and the amount listed on the **Total** of the DLCD Grant Expenditures section is due and payable to DLCD upon submission of the closeout report. Please send a check with the report to: DLCD, Attn: Fiscal Department, 635 Capitol Street NE, Suite 150; Salem, OR 97301.

- Reporting of Local Contributions (boxes 6–10) is not required. DLCD asks for the information to receive accurate information regarding the cost of activities and/or products worked on in compliance with this grant. This category includes both in-kind and cash contributions.

- **Certification (box 11): Please read and understand the certification statement.** If you have questions please contact Tabatha Hoge, Grants Administrative Specialist at 503-934-0054 or DLCD.GFGrant@state.or.us.

- **Returning funds (box 12):** When returning general grant funds that were awarded to the jurisdiction because expenditures were less than the grant funds award to the jurisdiction, please indicate the number of dollars being returned.

Boxes 13–16 are for documenting responsibility for the information being submitted and requesting payment. Please use dark blue or black ink so the information shows when copied or scanned.

13. Print Name and Title legibly.

14. Print the mailing address where payment should be sent.

15. Signature of Authorized Certifying Official: by signing this box this person takes responsibility of the information and accuracy of the information.

16. "Date" is the date the closeout form was signed. It must be sent by the closeout date.

- The "Summary of Activities and Products" box, located on the top right side of form, must be completed. Please provide a brief description of activities performed and/or products worked on in compliance of this grant. Use additional sheets as needed. The Planning Assistance Grant Awards Conditions describes in detail the projects and activities allowed. (If you have questions, please contact Tabatha Hoge, Grants Administrative Specialist at 503-934-0054 or DLCD.GFGrant@state.or.us).

The grant funds dispersed to you must be used after the date on which all parties have signed the agreement and not after the closing date of this agreement.

It is important that you retain documentation of expenditures in a grant file maintained in your jurisdiction for three (3) years from the closeout date.

Two ways to submit the Closeout Report:

1. E-mail a PDF file of the signed closeout form attachment and cover memo to DLCD.GFGrant@state.or.us.

2. Send the hard copy of the signed closeout form and cover memo via US Mail to:

Grants Administrative Specialist
Department of Land Conservation and Development
635 Capitol Street NE, Suite 150
Salem, Oregon 97301-2540